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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onli	y



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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	FAKE BASKETBALL LLC	
SUBJECT.	Name of Limited Liability Company	
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert heck are submitted to register the above referenced foreign limited liability company to transact business in	
Please return all	correspondence concerning this matter to the following:	
	JESSE MUENCH	
	Name of Person	
	SNAKE BASKETBALL LLC	
	Firm/Company	
	584 BRANTLEY TERRACE WAY \$1205 # 2.05	
	Address	
	ALTAMONTE SPRINGS, FL 32714	
	City/State and Zip Code	
	jessemuench@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further info	mation concerning this matter, please call:	
JESSE	MUENCH 920 979-6573	
	Name of Contact Person Area Code Daytime Telephone Number	
Divisio Registr P.O. Bo	ING ADDRESS: In of Corporations	
_	eck for the following amount: 25.00 Filing Fee \$\sum_{\text{Certificate of Status}} \square \square \square \square \square \square \square \text{S155.00 Filing Fee & Gertified Copy} \square \square \square \square \square \square \square \square \text{S160.00 Filing Fee, Copy} \quare \text{of Status & Certified Copy} \quare \text{of Status & Certified Copy}	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SNAKE BASKETBALL LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") NOT APPLICABLE (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C.") APPLIED FOR (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 11/12/2018 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.) 584 BRANILEY TERRACE WAY # 205 584 BRANTLEY TERRACE WAY # 205 (Street Address of Principal Office) (Mailing Address) ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) JESSE MUENCH Name: 584 BRANTLEY TERRACE WAY #205 Office Address:

Registered agent's acceptance:

ALTAMONTE SPRINGS

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Florida

(Registered agent's signature)

MANAGING MEMBER	JESSE MUENCH
	584 BRANTLEY TERRACE WAY # 205
	ALTAMONTE SPRINGS, FL 32714
	
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e attachments if necessary)	ma mana shan (V) daya alid idulu ayah asi ayad bu sha oʻgʻist bir iso oʻgʻist bir iso oʻgʻist bir iso oʻgʻist b
diction under the law of which it is one translator must be submitted)	no more than 90 days old, duly authenticated by the official having custody of records in organized. (If the certificate is in a foreign language, a translation of the certificate under
This document is executed in accordant in a document to the Department to the Depart	ance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information on the state constitutes a third degree felony as provided for in s.817.155, F.S.
	Tul

Typed or printed name of signee

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

SNAKE BASKETBALL LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 06, 2012.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 30, 2018.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

/isit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 232933 ACECCETIN